APPLICATION

A 48830 PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT DISTRICT **BUREAU OF ENVIRONMENTAL HEALTH** 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE **TELEPHONE: 313-2640** TO: THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER Joseph M. Zoller, III 11696 Carroll Mill Road ADDRESS Ellicott City, Maryland 21043 PHONE AGENT OR PROSPECTIVE BUYER SDC Group, Inc. ADDRESS P.O. Box 417, Ellicott City, MD 2104 PHONE (410) 465-4244 PROPERTY LOCATION: ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road intersection. TAX MAP 23 PARCEL# 8,82 & 101 SIZE OF LOT 1 Ac +/-(SINGLE FAMILY DWELLING OR COMMERCIAL) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _ APPROVED BY ___ HOLD PENDING FURTHER TESTS_ REASONS FOR REJECTION OR HOLDING _ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

THIS IS NOT A PERMIT

HD-216 (3/92)

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1/9/94 APPLICATION

PERCOLATION TESTING

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DISTRICT

BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

HOWARD COUNTY HEALTH DEPARTMENT

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION F	OR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER	
ADDRESS	PHONE
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AGENT OR PROSPECTIVE BUYER	
ADDRESS	PHONE
PROPERTY LOCATION:	
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ROAD AND DESCRIPTION FOLLY QUANTES	ND
TAX MAPPARCEL#	
SIZE OF LOT	TYPE BLDG.
	(SINGLE FAMILY DWELLING OH COMMERCIAL)
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APPROVED BY	OR DATE
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HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OR HOLDING	
	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	DATE

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